

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

DIVISION OF STATE CORPORATIONS

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Montiam,
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P94000090467 (9)

95 FEB 22 AM 9:52

1. Corporation Name
KEDAC, INC.

Principal Place of Business:
**5355 TOWN CENTER ROAD
SUITE 702
BOCA RATON FL 33486**

Mailing Address:
**5355 TOWN CENTER ROAD
SUITE 702
BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/13/1994**
3a. Date of Last Report

2. Principal Place of Business:
21. **10570 HAGEN SANLH ROAD**
State, Apt. # etc:

2a. Mailing Address:
26. **P.O. BOX 1167**
State, Apt. # etc:

4. FEI Number: **65-0541822**
Applied For: Not Applicable

22. **BOYNTON BEACH, FL**
City & State:

27. **BOYNTON BEACH, FL**
City & State:

5. Certificate of Status Due: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

24. **33437**
Zip

25. **USA**
Country

29. **33435**
Zip

30. **USA**
Country

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**CLAIRE, ROBERT I
5355 TOWN CENTER ROAD
SUITE 702
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Name of Registered Agent and Title Required)

(If FEI Registered Agent Signature Required, Attach Seal Copy)

Date

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	DECKINGER, ERIC W
STREET ADDRESS	5355 TOWN CENTER ROAD, SUITE 702
CITY-ST- ZIP	BOCA RATON FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST- ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST- ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST- ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(6)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of directors of the corporation with an address.

SIGNATURE:

Eric W. Deckinger
ERIC W. DECKINGER

1/14/95

407-732-4116